SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

DECEMEN

2022 APR -7 AHII: 10

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R DRISTUL, CT

COVER PAGE

S. TYPE OF REPORT (Check One Box) O January 10 filing O April 10 filing O Journal May preceding primary O April 10 filing O July 10 filing O	1. NAME OF COMMITTEE			eter je jeger				and the second specific control	and the second second second second
First Daniel S. OFFICE SOUGHT (Complete only if Conditions Committee) Street Address Street	CAGG4BRISTOL								
Daniel Theriault 3. TREASURER ADDRESS Since Address Coly West Hartford CT On 107 4. ELECTION/REFERENDUM DATE S. OFFICE SOUGHT (Complete only if Conditions Committee) 4. ELECTION/REFERENDUM DATE S. OFFICE SOUGHT (Complete only if Conditions Committee) 5. OFFICE SOUGHT (Complete only if Conditions Committee) 6. DISTRICE NUMBE (Complete only if Conditions or Explanatory Committee) 7. CANDIDATE NAME (Complete only if Conditions or Explanatory Committee) First J. Last J. Last J. Caggiano 8. TYPE OF REPORT (Check One Busic) O January 10 filing O 30 days following primary O 45 days following referendum O January 10 filing O 30 days following primary O 45 days following referendum O January 10 filing O 7th day preceding election (State Coursel Committees Only) O 45 days following election O Deficit O Cottober 10 filing O 24 Hour Independent Expenditure O Add in November 9. PERIOD COVERED Beginning Date D Beginning Date Ending Date O 1/01/2022 Thru 03/31/2022 Thru 03/31/2022 Thru 03/31/2022 Thru 03/31/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) D Aniel Therlault O AAOT/2022 DATE (mm/dd/yyyy) DATE (mm/dd/yyyy)	2. TREASURER NAME								
Sitest Address City		1	MI						Suffix
City West Hartford CT O6107	Daniel				Theriault				
4. ELECTION/REFERENDUM DATE S. OFFICE SOUGHT (Completes only if Candidate Committee) 4. ELECTION/REFERENDUM DATE S. OFFICE SOUGHT (Completes only if Candidate Committee) 1. I/(02/2021 Mayor 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) First MI Last Cagglano 8. TYPE OF REPORT (Check One Boo) O January 10 filing O30 days following primary O45 days following referendum (PACS ONLY) O January 10 filing O7th day preceding election OBate Committee OPTimury OElection O October 10 filing O30 days following election OBate Committee OPTimury OElection O Sate Committee Only) O Satisfaction of Deficit Type of Report: O Satisfaction of De	and the control of th							And the second	
4. ELECTION/REFERENDUM DATE S. OFFICE SOUGHT (Complete only if Candidate Committee) 11/02/2021 Mayor 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) First Jeffrey S. TYPE OF REPORT (Check One Bibe) O January 10 filing O 7th day preceding primary O 7th day preceding referendum O July 10 filing O 7th day preceding election O Deficit Type of Report: O Cotober 10 filing O 230 days following primary O 45 days following referendum O Deficit Type of Report: O Cotober 10 filing O 24 Hour Independent Expenditure O 45 days following election O 45 days following e				1 1					
Mayor	601 Fern St.			Wes	st Hartford		CT	061	07
11/02/2021 Mayor 7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee) First Jeffrey MI Last Cagglano Suffix Suffix Suffix Jeffrey Note the Cagglano Onlinial Contribution or Disburseme (PACS ONLY) April 10 filing Only 10 filing Ontribution or Disburseme (PACS ONLY) Only 10 filing On	4. ELECTION/REFERENDUM DATE	5. OFFICE SOUG	HT (Complet	te only i	if Candidate Committee)			6. DIST	RICT NUMBEI
Sum		Mayor		<u></u>				(if applicable)
Set Section Set Section Section Set Section Set Section Section Set Section Sect	7. CANDIDATE NAME (Complete only if	Candidate or Explorato	ry Committee)					XXXX	
S. TYPE OF REPORT (Check One Box) O January 10 filing O 30 days following primary O 45 days following referendum O July 10 filing O 30 days following primary O 45 days following referendum O July 10 filing O 310 day preceding election O Deficit Type of Report: O Cotober 10 filing O 124 Hour Independent Expenditure O Hour Independent Expe	First		MI	T	Last	<u> </u>	<u> </u>		Suffix
S. TYPE OF REPORT (Check One Bas) O January 10 filing O 30 days following primary O 45 days following referendum O July 10 filing O 30 days following primary O 45 days following referendum O July 10 filing O 310 days preceding election O Deficit Type of Report: O Cotober 10 filing O 124 Hour Independent Expenditure O Primary O Election not held in November P PERIOD COVERED Beginning Date O 1/01/2022 Ending Date O 1/01/2022 Ending Date O 1/01/2022 Thru 03/31/2022 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault O 4/07/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)	Jeffrey	ļ	J		Caggiano				
O January 10 filing O April 10 filing O 30 days following primary O 45 days following referendum O July 10 filing O Cotober 10 filing O 24 Hour Independent Expenditure O Frimary O Election O Election O D Beginning Date O 1/01/2022 Ending Date O 1/01/2022 Three by certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. D Anneld Theriault O April 10 filing O 30 days following primary O 45 days following referendum O Deficit Type of Report: O Termination State Campaign Date Ending Date O 1/01/2022 Thru O 3/31/2022 D Anneld Theriault O 4/07/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER D AATE (mm/dd/yyyy)	8. TYPE OF REPORT (Check One Box)								
O April 10 filing O July 10 filing O Th day preceding election O Deficit Type of Report: O October 10 filing O 12th day preceding election (State Central Committees Only) O 45 days following election (State Central Committees Only) O 45 days following election not held in November Primary O Election O Held in November Beginning Date Ending Date 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault O 45 days following election (State Central Committees Only) O Termination		O7th day preced	ding primar	У	7th day preceding referendum				r Disbursemen
October 10 filing O24 Hour Independent Expenditure OPrimary OElection O45 days following election not held in November Beginning Date O1/01/2022 Ending Date O1/01/2022 Ending Date O1/01/2022 Thru O3/31/2022 Interest of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault O4/07/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER O12th day preceding election OSTermination OTERMINIST OA/07/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) Days Termination OTERMINIST OA/07/2022 DATE (mm/dd/yyyyy)	April 10 filing	O30 days follow	ving primar	у	O 45 days following referendum		_		
O24 Hour Independent Expenditure OPrimary OElection OHOR DESCRIPTION Beginning Date O1/01/2022	July 10 filing	O7th day preced	ding election	n	ODeficit	Ту	pe of Rep	ort:	
PERIOD COVERED Beginning Date 01/01/2022 thru 03/31/2022 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Therlault O4/07/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)	October 10 filing				⊙ Termination	_	· • · · · ·	· · · · · · · · · · · · · · · · · · ·	
Beginning Date O1/01/2022 thru O3/31/2022 10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault TREASURER OR DEPUTY TREASURER (SIGNATURE) DATE (mm/dd/yyyyy)				'n					
10. CERTIFICATION I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault TREASURER OR DEPUTY TREASURER (SIGNATURE) DATE (mm/dd/yyyy)	9. PERIOD COVERED								
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault O4/07/2022 TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)		Beginning Dat	te		Ending Date				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. Danlel Therlault TREASURER OR DEPUTY TREASURER (SIGNATURE) Danlel Therlault PRINT NAME OF SIGNER DATE (mm/dd/yyyy)	•	01/01/2022	· .	_	thru 03/31/2022				
Disclosure Statement for the period covered is true, accurate and complete. Daniel Theriault TREASURER OR DEPUTY TREASURER (SIGNATURE) Daniel Theriault PRINT NAME OF SIGNER DATE (mm/dd/yyyy)	10. CERTIFICATION								
TREASURER OR DEPUTY TREASURER (SIGNATURE) PRINT NAME OF SIGNER DATE (mm/dd/yyyy)						us Item	ized Can	npaign F	inance
	D. Thurst	 		Dank	el Theriault			04/07/	2022
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes	TREASURER OR DEPUTY TREASURE	R (SIGNATURE)		PRINT	r name of signer			DATE	(mm/dd/yyyy)
A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes									
	A person who is	found to have kno	owingly ar	nd wil		e camp	aign fina	nce stati	ites

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Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
CAGG4BRISTOL	Termination			
	COLUMN A This Period	COLUMN B Aggregate		
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		0		
12. Balance on hand at the beginning of Reporting Period	0			
13. Contributions Received from Individuals (Sections A and B)	300.00	52,900.00		
14. Receipts from Other Committees (Sections C1 and C2)	0	О		
15. Other Monetary Receipts (Sections D through K)	О	250.00		
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0	0		
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed				
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0	1,200.00		
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	300.00	54,350.00		
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	300.00	54,350.00		
19. Expenses Paid by Committee (Section P)	300.00	54,350.00		
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	0	0		
21. In-Kind Donations not Considered Contributions Received (Section L4)	0	0		
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0	0		
23. In-Kind Contributions Received (Section M)	0	0		
24. Refundable Deposit to Telephone Company (Section N)	0	0		
25. Loan Balance	0			
25a. + Loans Received (Section D)	0	0		
25b. + Interest and Penalties on Loan	0	0		
25c Payments on Loan	0	0		
25d. Total Outstanding Loan Amount	0			
26. Campaign Expenses Paid by Candidate (Section Q)	0	7,306.06		
27. Expenses Incurred on Committee Credit Card (Section R)	0	0		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0			
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	669.57			

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Provide Complete Name as Regis	stered with Filing Repository)			TYPE OF REPORT	1 2 2			
CAGG4BRISTOL				Termination				
A. Total Contributions from Small C (See instructions for definition of Small Contribut	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		is Period ONLY OTAL SECTION A	\$0				
Last Name	B. Itemized Con		utions from Indivi	duals		90 - 1 - 6 3 .	1мі	
O'Dell			ohn				L	
Residential Street Address	Ic	City		 	State	Zip	Code	
44 Partridge Lane			ington		СТ	- I -	037	
Principal Occupation		Name of Employer						
Retired			Retired					
or dependent child of a lobbyist? O No does con	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?					Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event #	contributor a principal of a st If yes, indicate which brand of government the contract	ch or i	branches	e contractor? Yes OLegislative				
Method of Contribution:	02 80 (121111111111111111111111111111111111		Date Received	Aggregate Contributions	\dashv			
OCash OPersonal Check OCredit/Debit Card OPa	avroll Deduction OMoney (Order	01/03/2022	100.00				
Last Name		Fir	<u> </u>				МІ	
Ten Eyck		s	andra					
Residential Street Address	lc lc	ity	<u></u>		State	Zip	Code	
88 Seymour Street	1	Bristo	ol		СТ	06	010	
Principal Occupation			Name of Employer		<u> </u>			
Retired								
or dependent child of a lobbyist? O No does con	ibution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				1	Amount of Contribution 200.00		
	contributor a principal of a st If yes, indicate which bran- of government the contract	ch or	ontractor or prospective state	e contractor? Yes		0.00		
Method of Contribution:	8		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction OMoney (Order	01/23/2022	200.00				
Last Name	· · · · · · · · · · · · · · · · · · ·	Fir	rst		'		MI	
Residential Street Address		lity			State	Zin	Code	
		·•• J			3,332			
Principal Occupation	, , , ,, ,, , , , , , , , , , , , , ,		Name of Employer			l .		
or dependent child of a lobbyist? No does con	bution is in excess of \$400 to ntributor or business he/she is at more than \$5,000?				y, Am	ount o	f Contribution	
	contribution associated with an eported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches							
Method of Contribution:			Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPa	ayroll Deduction OMoney (Order						
	SUBTO	ATC	L Section B — This	Page 300.00				
	TOTAL	of ac	Iditional Section B P	ages 0				
TOTAL OF ALL CO	NTRIBUTIONS FROM (Enter total on Line 13	IND B, Coli	IVIDUALS (Sections A umn A of Summary Page 1	(1+B) Totals) 300.00		•		

I. MONETARY RECEIPTS (Sections A-K)

	MITTEE (Provide Compl	ete Name as Registered	with Filing Repos	itory)		TYPE OF REPORT		
CAGG4BRISTO	L		versiens was in state	a a la		Termination		
		C1. (Contributio	ons from (Other Commit	ees		
Name of Committee					Name of Treasurer			
Address	······································			Is this con event repo	rted in Section L1?	vith an OYes ONo	Amount	of Contribution
City		State	Zip Code	Date Re	ceived	aggregate Contributions		
Name of Committee		1			Name of Treasurer			
Address		W ** = 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·		rted in Section L1?	rith an Yes No	Amount	of Contribution
City		State	Zip Code	Date Re	ceived	ggregate Contributions		
Name of Committee				<u>l.</u> <u>-</u>	Name of Treasurer			
Address		 		Is this cont	Is this contribution associated with an Yes (event reported in Section L1? If yes, list Event #		Amount	of Contribution
City	State Zip Code			Date Rec		ggregate Contributions		
	~	?eimhursemen	ts or Surn	lus Distril	outions from of	her Committees		
Name of Committee			ts or Surp		Name of Treasurer			<u> </u>
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type OReimbursem	ent for shared	expense C	Surplus Distribution		Amour	t of Receipt
Description								
Name of Committee	·				Name of Treasurer			· 1 . · · · · · · · · · · · · · · · ·
Address				City			State	Zip Code
Date Received	Expenditure # (if applicable)	Payment Type				·· ·········	Amour	t of Receipt
Description		OReimburse	ement for share	d expense	Surplus Distributio	on .		
			SUBTO	TAL Secti	ion C — This Pa	ge 0		
			TOTAL	of addition	al Section C Pa	ges 0		
					NS AND RECEIL of Summary Page To			
·								

NAME OF COMMITTEE (Provide Complete Name of	as Registered with Filing Repos	itory)		TYPE OF	REPORT			
CAGG4BRISTOL				Termina	Termination			
	D. Loan	s Recei	ved this Period					
Name of Lender			Source of Loan:		sa wantas masaa	Date of Receipt		
			OBank O Can	didate 🔘 Individus		_		
Street Address	City			State	Committee Zip Code	Is there a Cosigner or Guarantor of this loan? O Yes O No		
Name of Cosigner/Guarantor (if upplicable)						Amount Received		
Street Address	Cin			State	Zip Code			
Succi Addiess	City			State	Zip Code			
Name of Lender	City City City City		Source of Loan: Bank Cane	didate () Individua	ol Other Committee	Date of Receipt		
Street Address	City			State	Zip Code	Is there a Cosigner or		
						Guarantor of this loan? O Yes No		
Name of Cosigner/Guarantor (if applicable)						Amount Received		
Street Address	City			State	Zip Code			
Name of Lender				didate 🔘 Individua	al Other Committee	Date of Receipt		
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes O No		
Name of Cosigner/Guarantor (if applicable)		•			<u> </u>	Amount Received		
						Amount Received		
Street Address	City	· , · , · .		State	Zip Code			
			TOTAL SECT	ION D 0		· ·		
				현실 연선인 다. 1. 11 				
E. Receipts from Entit	ies other than Indi	viduals	or Other Com	mittees <i>(Referei</i>	ndum Committe	es ONLY)		
Name of Entity	·							
Street Address				Date Received		Amount Received		
City		State	Zip Code	Aggregate Contril	butions			
Name of Entity								
Street Address				Date Received		Amount Received		
								
City		State	Zip Code	Aggregate Contril	butions			
Name of Entity		<u> </u>			,			
Street Address				Date Received		Amount Received		
			····					
City		State	Zip Code	Aggregate Contril	butions			
			TOTAL SECT	ION E 0				

I. MONETARY RECEIPTS (Sections A—K)

NAME OF COMMITTEE (Pro	ovide Complete Name as Regis	tered with Filing R	(epository)			TY	YPE OF REPORT
CAGG4BRISTOL						Te	ermination
F. An	nount Transferred	from Affil	iated Bu	siness '	Freasury <i>(Bu</i>	siness E	Entity Committees ONLY)
Date of Receipt	Is this transaction assoc event reported in Sectio		8Yes No	If yes, lis	st Event #		Amount
Date of Receipt	Is this transaction assoc event reported in Section		8Yes No	If yes, lis	st Event #		Amount
Date of Receipt	Is this transaction associevent reported in Section		8Yes No	<i>If yes</i> , lis	it Event #	,	Amount
Date of Receipt	Is this transaction associevent reported in Section		8Yes No	If yes, lis	st Event #		Amount
				TC	TAL SECTION	ON F	0
G. Amount Transl	ferred from Affilia	ted Labor	Union o	r Other	Organizatio	on Tre	asury (Organization Committees ONLY)
Date of Receipt		Date of Receipt		,		Date	e of Receipt
Amoun	ıt.		A	mount		Amount	
				тот	AL SECTIO	N G	0
Н.	Personal Funds of	the Candid	late Rec	eived tl	is Period <i>(C</i>	Candidat	te Committees ONLY)
Date of Receipt	Method of payment: Cash	O P	Personal Che	ek	Credit/Deb	oit Card	Amount
Date of Receipt	Method of payment:						Amount
	O Cash	O P	ersonal Che	ck	Credit/Deb	oit Card	
Date of Receipt	Method of payment:						Amount
	O Cash	O P	ersonal Che	:ck	O Credit/Deb	oit Card	
Date of Receipt	Method of payment:						Amount
	O Cash	O P	ersonal Che	:ck	O Credit/Deb	oit Card	
				7	TOTAL SECT	TION H	0
						·	
		I. An	onymou	s Contr	ibutions		
Per	Public Act 11-48.	Anonymo	us Cont	ributio	ns may no lo	onger b	be deposited in any

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

SEEC FORM 20 Revised January 2015	I. MONETARY RECEIPTS	(Sections A—K)		Page 7 of 17
NAME OF COMMITTEE (Provide Complete	Name as Registered with Filing Repository)	TYPE OF	REPORT	
CAGG4BRISTOL		Termina	ation	o esta o e e e e e e e e e e e e e e e e e e
	J. Interest from Deposits in Author	rized Accounts		
Name of Institution		Date Recei	ved	Amount
Street Address	City	State	Zip Code	
Name of Institution		Date Recei	ved	Amount
Street Address	City	State	Zip Code	
	To:	FAL SECTION J 0		
K. M	iscellaneous Monetary Receipts not Co	onsidered Contributi	ons	
Name	•	riging to the second of the se	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description		<u>, , , , , , , , , , , , , , , , , , , </u>		
Name	-	Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
Description				
Name		Date	of Transaction	Amount Received
Street Address	City	State	Zip Code	
escription				
Vame		Date	of Transaction	Amount Received
treet Address	City	State	Zip Code	
escription				
	TOTAL S	SECTION K 0		
SUMMA	RY OF OTHER MONETARY RECEI	PTS (Sections D thr	ough K)	
otal Loans Received this Period (Sec	tion D)		0	
otal Receipts from Entities other than	Individuals or Other Committees (Section E)	+	0	
otal Amount Transferred from Affilia	ated Business Treasury (Section F)	+	0	
otal Amount Transferred from Affilia	ated Labor Union or Other Organization Treas	ury (Section G) +	0	
otal Amount of Personal Funds of the	Candidate Received this Period (Section H)	+	0	
Catal Amount of Interest from Denosit	s in Authorized Accounts (Section 1)	4	n	

Total of Other Monetary Receipts

(Add Sections D through K) (Enter total on Line 15, Column A of Summary Page Totals)

Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT		A PROBLEM
CAGG4BRISTOL			Termination		
	L1. Even	it Information			
Event # Date of Event Letter	Description			Was this a fur	ndraising event
Location: Street Address		City	 	State	Zip Code
Subpart 1: (All Committee Was this event hosted at			5 In-Kind Donations a use Party and complet st(s) for food, beverage	te required infor	mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Rec	ceipts here.)	\$	
Were there purchases of sign associated with this		OYes (If yes, go to Section L	Committees) 3 Purchases of Advert plete required informa		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	ceipts here.)	\$	
Event # Date of Event Letter	Description		engreeki viik vegimidi. Ve	Was this a fur	ndraising event
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a			5 In-Kind Donations ruse Party and complet t(s) for food, beverage	te required infor	
	le goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section I and complete required No		not Considered	Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items adividual of up to \$100?	Yes (If yes, enter Total Rec	ceipts here.)	\$	
Subpart 2: (Party Comm Were there purchases of a sign associated with this	ittees, Municipal Candidates and Political Commadvertising space in a program book or on a fundraiser?	Yes (If yes, go to Section L			Program Book
	nittees ONLY) Yood or beverage at a fair or similar mass state with this fundraiser?	OYes (If yes, enter Total Rec	eipts here.)	\$	
SUBTOTAL Section	n L1—Subpart 1 (All Committees) Total Receipts fr	om Sale of Donated Items —	This Page ()		
		ion L1—Subpart 3 <i>(Town Commi</i> ipts from Food Purchases —			
		TOTAL of additional Section	n Lı Pages 0		
		IPTS FROM SMALL PU			

				mittees are no longer rec , or a sale of donated ite			
NAME OF COMM	ITTEE (Provide Complete Name	e as Registered with Filing Reposit	ory)	TYPE OF REI	ORT		
CAGG4BRISTOL	· · · · · · · · · · · · · · · · · · ·			Termination	า		
	L3. P	urchases of Advertisi	ng in a Prog	ram Book or on a Sign			
Name of Purchaser		The property of the second second second			Purch	ase Made By:	<u> </u>
					OB	Business Entity	Other
		•			O	ndividual/Sole I	roprietorship
Street Address		 	City			State	Zip Code
						-	
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hare	Amount of Si	on Purchase
				Amount of Fredrich Late		ZIMOUNT OX D	en a ground
Name of Purchaser						ase Made By:	_
					1 =	usiness Entity	Other
					Ol	ndividual/Sole I	
Street Address			City			State	Zip Code
						i	
Date Received	Event#	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
		:					
N. op. 1					I Šasas ti	M- d- D	
Name of Purchaser					1 _	ase Made By: susiness Entity	Other
				i e	1 =	idividual/Sole I	
Street Address			City		101	State	Zip Code
Daget I real one			Ony				
				1			<u> </u>
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	nase	Amount of Si	gn Purchase
Name of Purchaser		<u> </u>			Durnh	ase Made By:	
Manie of Linchaser					1 .	usiness Entity	Other
					1 =	idividual/Sole F	•
Street Address			City		10	State	Zip Code
							_
			1			<u> </u>	L.,
Date Received	Event #	Aggregate Purchases	for All Events	Amount of Program Ad Purc	hase	Amount of Si	gn Purchase
Name of Purchaser	<u> </u>				Purch	ase Made By:	
					OB	usiness Entity	Other
					O It	dividual/Sole P	roprietorship
Street Address			City			State	Zip Code
			1				
Date Received	Event#	A governo Princheson	for All Fronts	A	bara	Amount of Si	Duvebees
Date Received	Event#	Aggregate Purchases	IOI MII EVERIS	Amount of Program Ad Purc	nase	Almount of Si	gu Furchase
	SUBTOTAL Sect	ion L3 Total Purchases of	Advertising in	Program Book — This Page	0		
	стреот	ATCALL	hann of Adina	tising an a Siam This Dago	^		
	DUBIUE	Mar Section 1.3 Local Purc	nascs ut Auver	tising on a Sign — This Page	Ų		·····
			TOTAL of	f additional Section L3 Pages	0		
T	OTAL OF ALL PURCE			RAM BOOK or ON A SIGN in A of Summary Page Totals)	0		

NAME OF COMMITTI	EE (Provide Complete Name	as Registered with Filing Reposi	itory)		TYPE OF REPO	ORT		
CAGG4BRISTOL					Termination			
	L	4. In-Kind Donation	ıs Not Consi	idered Contribi	itions	برومه خازاته والكالك		
Name of Donor			***************************************	, in the same of t		-		
Street Address		 	City				State	Zip Code
	To an area and a			<u> </u>		<u> </u>	<u></u>	<u> </u>
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	lue of Donation
O Individual	Date Received	Event #		Aggregate Value fo	this Essent	_		
O Sole Proprietorship	Date Received	EACTIF 44		Aggregate value in	I this Even			
Name of Donor						 !		
Street Address			City				State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Market Val	ue of Donation
OIndividual	Date Received	Event #		Aggregate Value fo	or this Event			
OSole Proprietorship								
Name of Donor	<u> </u>		, <u>, , , , , , , , , , , , , , , , , , </u>		<u>, , , , , , , , , , , , , , , , , , , </u>			
Street Address			City		 		State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair I	Market Val	ue of Donation
OIndividual OSole Proprietorship	Date Received	Event#		Aggregate Value for this Event				
Name of Donor								
Street Address		***************************************	City			<u> </u>	State	Zip Code
Donation Given By: Business Entity	Description of Donation					Fair N	Market Val	ue of Donation
O Individual O Sole Proprietorship	Date Received	Event #		Aggregate value for	this Event			
		SUI	BTOTAL Sect	ion L4 — This Page	0			
		тот	'AL of addition	nal Section L4 Page	es O			
TOT		D DONATIONS NOT C (Enter total on Line 21,						

NAME OF COMMITTEE (Pro	vide Complete Name as Registered with Filing Reposi	itory)		TYPE OF RE	PORT		
CAGG4BRISTOL				Termination			
L5. I	n-Kind Donations Not Consider	ed Contributions Associa	ited with a I	louse Par	y		
Name of Host			committee?		o	ne candidate or dendum L5	
Street Address		City	<u>, • </u>	·	State	Zip Code	
Description of Donation				Fair Mar	ket Value	of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate				
Name of Host			committee?	Supporting mo OYes ON mplete Itemiza	0	ne candidate or	
Street Address		City			State	Zip Code	
Description of Donation				Fair Mar	ket Value (of Donation	
Event#	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h	ost/candidate			:	
Name of Host	/		committee?	upporting mo Yes ON mplete Itemiza	0	ne candidate or lendum L5	
Street Address		City			State	Zip Code	
Description of Donation			:	Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event—all hosts	Aggregate Value of all Events—this h					
Name of Host			committee?		o	ne candidate or lendum L5	
Street Address		City			State	Zîp Code	
Description of Donation				Fair Mar	ket Value (of Donation	
Event #	Aggregate Value of this Event-all hosts	Aggregate Value of all Events—this h	ost/candidate				
		SUBTOTAL Section L5 —	This Page	0			
		OTAL of additional Section		0			
	ALL IN-KIND DONATIONS NOT HOUSE PARTY (Enter total on Li			0			

CAGG4BRISTOL Name Street Address Type of contributor:	 	rived	M. In-Kind Cor	ntributions	[Termi	nation		
Street Address Type of contributor: Committee	ı l	sived	M. In-Kind Cor	o de reco do se latoria esta				
Street Address Type of contributor: Committee	ı l	sived		City				
Type of contributor: OCommittee	ı l	eived	· · · · · · · · · · · · · · · · · · ·	City				
	ı l	vived					State	Zip Code
	ı l	ived					ŀ	
OIndividual / Sole Proprietorship Oothe	 		Aggregate Contributions	Description of In-	Kind Contributi	on	<u></u>	
	If contr							
Is contributor a lobbyist, spouse, Ye			excess of \$400 to a candi-					
or dependent child of a lobbyist? O No		nuncutor or at more than	business he/she is associa \$5,000?	OYes ONG		lunicipanty		Market Value Contribution
Is this contribution associated with an	Q Yes		itor a principal of a state o		ve state contr			
event reported in Section L1? If yes, list Event #	O No		indicate which branch or ernment the contract is wit		ive OLegis	lative ONo		
Name		•					•	· · · · · · · · · · · · · · · · · · ·
Street Address				City			State	Zip Code
	Date Rece	Total	LA	Description of In-	Zinai Charletta		<u> </u>	
Type of contributor:	1	Ived	Aggregate Contributions	Description of In-	Amu Comribuu	on .		
		ribution is in	excess of \$400 to a cand	idate for a chief execu	tive officer of	f a municipality.	Fair	Market Value
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?	does c	ontributor or	business he/she is associa	ated with have a contr	act with said i			S Contribution
Is this contribution associated with an	Yanueu Yes	at more than	tor a principal of a state of	O Yes O N	 	ctor? OYes		
event reported in Section L1?	8 No	If yes,	indicate which branch or	branches	_	ONo		
If yes, list Event #		or gove	nument the contract is with	h: O Execut	ve OLegis	iative		
Street Address				City			State	Zip Code
							•	
Type of contributor: Committee	Date Rece	ived	Aggregate Contributions	Description of In-l	Cind Contribution	on		
OIndividual / Sole Proprietorship OOthe		,						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Ye	does or		excess of \$400 to a candi business he/she is associa					Market Value Contribution
	valued	at more than		O Yes O N				
Is this contribution associated with an event reported listed in Section L1?	O Yes		tor a principal of a state co indicate which branch or		e state contra	ctor? SYes No		
If yes, list Event#		of gove	mment the contract is with	h: O Executi	ve O Legis	lative	·	
			SUBTOTAL	Section M — This	Page 0			
			TOTAL of add	itional Section M	Pages 0			
TOTAL OF ALL IN-KIND CO	TRIBU	TIONS Œ	nter total on Line 23. Colu	unn A of Summary Pas	e Totals)			
	60 8 11 2 1 4 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2					. The state of the	ver jê ye. Li	villatik kumenyes
The second secon		Refund	lable Deposit to T	elephone Com	any		a salamani	
Last Name of Individual			First			М	Date Deposi	t Made
Residential Street Address			City		State	Zip Code		Amount of
								Deposit
Name of Telephone Company				. —				
Street Address			City		State	Zip Code		
TOTAL S	ECTION	N (Enter 1	otal on Line 24, Column	A of Summary Page	Totals) 0			· · · · · · · · · · · · · · · · · · ·

SEEC FORM 2

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
CAGG4BRISTOL		Termination	an na taona da mana arawayan ay Maran da					
a paggalanti aka aka ta pada a lah paga andapada da ka ka ka ka	P. Expenses	Paid by Committee		and Last and Last his	and a second control of the second control o			
Name of Payee			Date of Payment	Method of	Payment:			
Oh Ya Marketing 01/12/2022					c#			
•	· · · · · · · · · · · · · · · · · · ·		0111212022	ODebit				
Street Address		City		State	Zip Code			
608 South Main S	Street	West Hartford		СТ	06110			
Purpose of Expenditure	1	Amount						
(by code) A-WEB	Internet Targeted Marketing - Bank Fee		· ·					
	Time range convious business			10.00				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un	less "None of the below" is chec	ked)					
	None of the below	. • • • • • • • • • • • • • • • • • • •		1	,			
	Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contri		,					
Name of Payee	O cooldinate without the control of the control	Organization	DA OB OC OD Date of Payment	Method of I	Pavment:			
Thomaston Savin	age Rank		01/31/2022	O Check #				
	igs parik		01/31/2022	O Debit				
Street Address		City		State	Zip Code			
203 Main Street, F	PO Box 907	Thomaston		СТ	06787			
Purpose of Expenditure	Description	Ever	nt#		Amount			
(by code) BNK	Paper Statement Fee			5.00				
Expenditure #	<u> </u>	(2) (3)		3.00				
(If applicable)	Type of Expenditure (Itemization in Addendum P Required unl	ess "None of the below" is checi	(ed)	1				
	None of the below Coordinated with reimbursement sought (joint expenditure)) Independent						
	Coordinated without reimbursement sought (in-kind contrit	I	DA OB OC OD					
Name of Payee			Date of Payment	Method of I				
Jeffrey Caggiano			02/16/2022	O Check # 1036				
Street Address		Cit.		O Debit				
		City		State	Zip Code			
27 Cricket Hill Roa		Bristol	·	СТ	06010			
Purpose of Expenditure (by code)	Description	Ever	nt#		Amount			
A-WEB	Relmburse Facebook fees paid on personal cre	edit card		285.00				
Expenditure #	Type of Expenditure (Itemization in Addendum P Required un	loss "None of the holow" is ches	·kod)					
((f applicable)	None of the below	icas Tiblic of the below is the	.nen/]				
	Coordinated with reimbursement sought (joint expenditure	e) Independent						
	Coordinated without reimbursement sought (in-kind contra	<u> </u>	OA OB OCO D	<u> </u>				
Name of Payee			Date of Payment	Method of I	Payment:			
				O Check				
Street Address	· · · · · · · · · · · · · · · · · · ·	Cit.	<u> </u>	O Debit				
Speci Addiess		City		State	Zip Code			
Purpose of Expenditure	Description	Ever	ıt#		Amount			
(by code)								
		<u></u>						
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required uni	less "None of the below" is checi	ked)					
	None of the below	~						
	Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contril	· •	0.0.0.0.					
	Coordinated Without Telephotasettesit Sought (ar-Aina comain	O Organization	OA OB OC OD					
	si	UBTOTAL Section P — Thi	is Page 300.00					
	roı	FAL of additional Section P	Pages 0					
	TOTAL OF ALL EXPEN							
	(Enter total on Line	19, Column A of Summary Page	Totals)					

NAME OF COMMI	ITEE (Provide Complete Name as Registered with Fi	ling Repository)	TYPE OF REPORT	
CAGG4BRISTOL			Termination	
	Q. Camp	aign Expenses Paid	by Candidate	
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address	·	City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Name of Payee (Name of	\ Vendor, Person or Entity who candidate paid directly)	· · · · · · · · · · · · · · · · · · ·	Date of Payment	Is reimbursement claimed?
- 1				O Yes O No
Street Address	<u> </u>	City		State Zip Code
Sireet Address		City		State Zip Code
Purpose of Expenditure	Description		Event #	Amount
(by code)	•			
Name of Payee (Name of	Vender, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
Purpose of Expenditure	Description	· · · · · · · · · · · · · · · · · · ·	Event#	Amount
(by code)				
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)	· ·	Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City		State Zip Code
D 07 ***			Event#	Amount
Purpose of Expenditure (by code)	Description		DACTIT #	Amount
Name of Payee (Name of	Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City	<u> </u>	State Zip Code
Purpose of Expenditure	Description		Event#	Amount
(by code)	Description		2,024	· ·
Name of Payee (Name of	 Vendor, Person or Entity who candidate paid directly)		Date of Payment	Is reimbursement claimed?
				O Yes O No
Street Address		City	······································	State Zip Code
Purpose of Expenditure (by code)	Description		Event#	Amount
		SUBTOTAL S	ection Q — This Page 0	
		TOTAL of additi	onal Section Q Pages 0	
	TOTAL OF	ALL EXPENSES PAII	D BY CANDIDATE 0	
		total on Line 26, Column A		

	TEE (Provide Complete Name as Registered with Filing Repos	itory)		TYPE OF REPORT			
CAGG4BRISTOL Termination					1		
	R. Expenses Incu			ırd		and the second s	
Name of Issuing Inst	itution	Type of Credit Card		.			
		O Visa OM	faster Card (Discover OAme	erican Expres	s Oother:	
Name of Vendor, Person	or Entity			· · · · · · · · · · · · · · · · · · ·	Date of T	Fransaction	
·							
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expenditured) Coordinated without reimbursement sought (in-kired)	penditure)	Independent	ed) DA OB OC C) D		
Name of Vendor, Person	or Entity	·			Date of Transaction		
					1		
Street Address		City			State	Zip Code	
Purpose of Expenditure (by code)	Description		Event #			Amount	
Expenditure # (f applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint ex Coordinated without reimbursement sought (in-kit)	penditure)	Independent	ed))A OB OC C) D		
Name of Vendor, Person	or Entity				Date of T	ransaction	
Street Address		City	······	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
Purpose of Expenditure (by code)	Description	-, - 	Event#	 		Amount	
Expenditure # (ff applicable)	Type of Expenditure (Itemization in Addendum R Required None of the below Coordinated with reimbursement sought (joint expect Coordinated without reimbursement sought (in-kin)	penditure)	Independent	ed) Оа Ов Ос С) в		
		SUBTOTAL Section	R — This Pa	ge 0			
	1	OTAL of additional S	ection R Pag	es 0			
ТО	TAL OF ALL EXPENSES INCURRED O (Enter total on	ON COMMITTEE C Line 27, Column A of Sui	REDIT CA	RD 0			

NAME OF COMMIT	IEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT					
CAGG4BRISTOL		Termination						
	S. Expenses Incurred by Comm	nittee but Not Paid Di	ring this Period	and the second seco				
Name of Creditor				Date Incur	ed			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description Event #				Amount Incurred (Estimate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required under None of the below Coordinated with reimbursement sought (joint expenditused Coordinated without reimbursement sought (in-kind control of the below)	Independ Organizat						
Name of Creditor				Date Incurr	ed			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description	Ev	ent#		ount Incurred imate or Actual)			
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum S Required to None of the below Coordinated with reimbursement sought (joint expenditus Coordinated without reimbursement sought (in-kind cont	Independe	•					
Name of Creditor				Date Incurr	ed			
Street Address		City		State	Zip Code			
Purpose of Expenditure (by code)	Description	Ev	Event #					
Expenditure # (f applicable)	None of the below Coordinated with reimbursement sought (joint expenditu							
		SUBTOTAL Section S-1	his Page 0					
	T.	OTAL of additional Section	n S Pages 0					
TOTAL OF ALL I	XPENSES INCURRED BY COMMITTEE DURIN (Enter total on Lin	G THIS PERIOD BUT N se 28, Column A of Summary I						
	Previously reported Expe	nses Unpaid and still Outs	tanding 669.57					

						OF REPORT nation				
	T. Itemization of Reim	bu	rsements and S	econ	dary Pa	yees				
Last Name of Worker/Consultant			First Jeffrey			MI			Date of Payment to Vendor, Person or Entity	
Caggiano		Ľ	emey		 	,			Vario	
Name of Vendor, Person or Entity Paid by Committee Worker/Consultant Facebook Inc						reported	in Se			Worker/Consultant as bit Card
Street Address of Vendor, 1601 Willow Road	Person or Entity Paid by Committee Worker/Consultant		City Menlo Park						State CA	Zip Code 94025
Purpose of Expenditure (by code)	Description Facebook Ads				Event#				Amount 285.00	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requirement Sought (ioint exp.) Coordinated with reimbursement sought (ioint exp.) Coordinated without reimbursement sought (in-kin)	endi	ture)	Indepe	is checked) ndent O zation: O A	O _B	°c	O _D		
Last Name of Worker/Con	sultant	Fi	rst				М	t	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	<u>.</u>				reported	Payment to Reimburse Committee Worker/Consultant as eported in Section P: Check # Debit Card DEFT			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City			<u> </u>	·		State	Zip Code
Purpose of Expenditure (by code)	Description		!		Event #					Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Required None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kine)	endi	ture)	Indepe	ndent O	O _B	о _с	O _{o D}		
Last Name of Worker/Con	sultant	Fi	irst				М	Ī	Date of I Person o	Payment to Vendor, r Entity
Name of Vendor, Person o	r Entity Paid by Committee Worker/Consultant	1.			· · · · · · · · · · · · · · · · · · ·	reported	yment to Reimburse Committee Worker/Consultant as orted in Section P: Check # Debit Card DEFT			
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant		City		,, , , , , , , , , , , , , , , , , , ,	<u> </u>		·	State	Zip Code
Purpose of Expenditure (by code)	Description	•	<u>L </u>		Event #	•••	=			Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind)	endit	ure) Q	Indepe	ndent O	O _B	о _с	O _D		
			SUBTOTAL Section)n T –	This Pa	ge 28	5.00			
		T(OTAL of additiona	l Sect	ion T Pag	es ()				
TOTAL OF ALL REIMBURSEMENT TO COMMITTEE WORKERS AND CONSULTANTS				rs 28	5.00					
		******				 	· ····			